I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute above, or on an attachment with all other like empowered.		
SIGNATURE: JONATHAN GORMAN	TREASURER	03/27/2013

DOCUMENT# N07000007434

Entity Name: CENTRAL FLORIDA WOLVERINE SPIRIT GROUP, INC.

Current Principal Place of Business:

127 W FAIRBANKS 402 WINTER PARK, FL 32789

Current Mailing Address:

127 W FAIRBANKS 402 WINTER PARK, FL 32789 US

FEI Number: 20-5712694

Name and Address of Current Registered Agent:

ASSURETY FINANCIAL SERVICES, LLC 201 W CANTON SUITE 100A WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	TRES
Name	AYLESWORTH, ROBERT	Name	GORMAN, JONATHAN
Address	810 RUNNER OAK ST	Address	1320 VIA TUSCANY
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	WINTER PARK FL 32789

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JONATHAN GORMAN

FILED Mar 27, 2013 Secretary of State CC0926544798

Certificate of Status Desired: No

Date

Date